



Great Falls Emergency Services

Great Falls Emergency Services
514 9th Ave South
Great Falls MT 59405
(406) 453-5300
Fax: (406) 453-4281

Application For Employment

Today's Date _____

Position For Which You Are Applying

PERSONAL

1. Name (Last, First, Middle): _____

2. Emergency telephone contact: _____ 3. Are you over 21? Yes No

4. Present Address (Street, City, State, Zip): _____

5. Telephone No: _____ 6. Alternate No: _____

7. Anticipated Pay: _____ 8. Date Available: _____

9. Are you a United States Citizen? Yes No

10. You are applying for: Full-time Part-time Per Diem/Intermittent Any hours

11. Have you been employed Great Falls Emergency Services before? Yes No

12. Have you filed an application here before? Yes No If yes, when? _____

13. Special Skills (check all you can perform): Typing WPM _____ Shorthand _____

Computer Terminal/Keyboard
Excel
Access

Medical Terminology
Microsoft Word
Calculation by Touch

Medical Transcription
Word Perfect
Sign Language/second

14. Are you willing to work overtime as assigned? Yes No

15. Is there any reason you could not complete the essential functions of the position for which you are applying?
Yes No

If yes, what accommodations could be made to enable you to perform the job duties of the position for which you are applying?

16. Have you been convicted of a crime? (A conviction record will not necessarily bar employment; seriousness of the offense and rehabilitation will be considered) Yes No

If yes, explain:

17. Do you have any relatives of cohabitants employed by Great Falls Emergency Services?
Yes No If yes, state name(s) and relationship:

This application shall remain active for a period of at least six months; for consideration for any position, including the position for which you completed this application, you will have to complete a new application form.

Type of School	Name & Address of School	# of Years Completed	Degree Recieved	Did you graduate?	Year of Graduation
High School or GED				Yes No	
College (Undergraduate)				Yes No	
College (Graduate)				Yes No	
Technical School				Yes No	
Other (Specify)				Yes No	
Other (Specify)				Yes No	

MILITARY SERVICE

Branch of Service: _____ Dates of Service: From _____ To _____

Military Service Schools Attended/Special Training: _____

PROFESSIONAL REGISTRATION

Please list any registrations, certifications, or licenses you currently possess or have applied for:

Type	Number	State	Expiration	Date

REFERENCES

List 3 people you have known for at least 1 year, excluding employers or relatives, which we may contact:

Name and Occupation	Address (optional)	Telephone

EMPLOYMENT

Beginning with your most recent position, list all previous employment. If more space is necessary, use an additional sheet. Note: A resume of employment will not be accepted in lieu of filling out the section below, but may be included as a supplement.

Company Name

Telephone

Address (City, State, Zip)

Employed (Month/Year)

From To

Job Title

Supervisor

Surname if different than present

Description of Duties

Reason for Leaving

Final annual salary

May we contact?

Company Name

Telephone

Address (City, State, Zip)

Employed (Month/Year)

From To

Job Title

Supervisor

Surname if different than present

Description of Duties

Reason for Leaving

Final annual salary May we contact?

Company Name

Telephone

Address (City, State, Zip)

Employed (Month/Year)

From To

Job Title

Supervisor

Surname if different than present

Description of Duties

Reason for Leaving

Final annual salary May we contact?

STATEMENT OF UNDERSTANDING AND COMPLETE AGREEMENT:

I understand that the employment application, and all Great Falls Emergency Services documents, policies, and procedures are not intended and are not to be construed as a contract of employment either expressed or implied, nor will they be construed to provide any guarantee or assurance of employment. I also understand and agree that any individual employed, including me, may leave employment, or may be separated from employment by Great Falls Emergency Services at any time during my probationary period for any reason. I agree and understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any employee, or prospective employee, including me.

I understand and agree that employment is contingent upon the satisfactory completion of a health screening where applicable; verification of past employment, school transcripts, applicable licensure and certifications; and a satisfactory criminal check (as applicable), employment background check, and obtaining a driving record. I hereby consent to such reviews, investigations, examinations and verifications.

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentation, omissions of facts, or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application will be cause for my dismissal at any time without prior notice. I grant Great Falls Emergency Services permission to check my employment records at former employers, and authorize former employers to release such information. I hereby agree that no former employer, other person or Great Falls Emergency Services shall be held liable by me or any of my agents or representatives for releasing, requesting, or utilizing such information in any manner they elect.

I agree and understand that I must comply with all current and future rules, regulations, policies, procedures, practices and protocols of Great Falls Emergency Services and that I am responsible for compliance with all revisions, and/or additions that occur during the course of my employment.

Applicant's Signature

Date

Applicant's Digital Signature

In compliance with the Americans With Disabilities Act, Great Falls Emergency Services will provide reasonable accommodation to otherwise qualified individuals with disabilities and encourages current and prospective employees to discuss reasonable accommodations with the employer.

Great Falls Emergency Services is an Equal Opportunity Employer

Great Falls Emergency Services Inc. requires a criminal background check and a driving record prior to employment. Although these are not required upon the invitation of an interview, it is strongly recommended attaching them with your application for employment consideration. You can access these at the following websites:

Driving Records: <http://app.mt.gov/dojdrs>

Criminal Background: <http://app.mt.gov/choprs>

You will be able to print a hard copy which can be attached with your application; if you choose to do so. Recognize that by providing this information, Great Falls Emergency Services Inc. does not guarantee employment.